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*Nancy L. Hug*  
Nancy L. Hug

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application for:  
Susan Schiavi et al.

Serial No.: 09/909,775

Filing Date: July 19, 2001

For: PHOSPHATONIN-RELATED GENE AND  
METHODS OF USE THEREOF

Assignee: Genzyme, Inc.

Examiner: To be assigned.

Group Art Unit: 1646

**Box Missing Parts**

Commissioner for Patents  
Washington, D.C. 20231

**PETITION AND FEE FOR EXTENSION OF TIME**

(37 C.F.R. § 1.136(a))

Sir:

Pursuant to 37 C.F.R. § 1.136(a), Applicant hereby petitions for a four month extension of time to respond to the Notice of Missing parts mailed on September 6, 2001.

1. The communication in connection with the matter for which this extension is requested

- a. ☒ is filed herewith; or  
b. ☐ has been filed on \_\_\_\_\_.

2. ☐ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.

13/03/2002 TL0011 00000002 501189 09909775

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3. The following fees are submitted:

	TOTAL MONTHS REQUESTED	OTHER THAN SMALL ENTITY	SMALL ENTITY	CALCULATIONS
a. <input type="checkbox"/>	one month	\$110.00	\$55.00	\$
b. <input type="checkbox"/>	two month	\$400.00	\$200.00	\$
c. <input type="checkbox"/>	three month	\$920.00	\$460.00	\$
d. <input checked="" type="checkbox"/>	four month	\$1,440.00	\$720.00	\$ 1,440.00
e. <input type="checkbox"/>	five month	\$1,890.00	\$945.00	\$
f. <input checked="" type="checkbox"/>	An extension for one month has already been secured for filing the above-identified communication and the fee paid therefor of \$ 110.00 is deducted from the total fee due for the total months of extension now requested. The fee for this extension ( <u>\$1,440.00</u> ), minus the fee previously paid ( <u>\$110.00</u> ) equals \$ <u>1,330.00</u> (total fee due).			\$1,330.00
TOTAL FEES =				\$1,330.00

☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed.

☒ Please charge Deposit Account No. 50-1189, Billing No. 19442-7201 in the amount of \$1,330.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Billing No. 19442-7201. *A duplicate copy of this sheet is enclosed.*

DATE: February 19, 2002

Respectfully submitted,

By: \_\_\_\_\_

Carol M. Gruppi  
Registration No.: 37,341  
Antoinette F. Konski  
Registration No.: 34,202

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